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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Not for submission under 37 CFR 1.99)	Application Number		
	Filing Date		
	First Named Inventor	Thomas CHMIELEWSKI	
	Art Unit		
	Examiner Name		
	Attorney Docket Number	PHUS040035US2	

U.S.PATENTS

Examiner Initial*	Cite No	Patent Number	Kind Code ¹	Issue Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines where Relevant Passages or Relevant Figures Appear
	1	4682125		1987-07-21	Harrison, et al.	all
	2	4922204		1990-05-01	Duerr, et al.	all
	3	5294886		1994-03-15	Duerr	all
	4	5594338		1997-01-14	Magnuson	all
	5	5682098		1997-10-28	Vij	all
	6	6236206	B1	2001-05-22	Hartman, et al.	all
	7	6593744	B2	2003-07-15	Burl, et al.	all

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U.S.PATENT APPLICATION PUBLICATIONS

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	1	EP 1 085 338	EP	A1	2001-03-21	Marconi Medical	all	<input type="checkbox"/>
	2	EP 1 128 188	EP	A2	2001-08-29	Marconi Medical	all	<input type="checkbox"/>

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Examiner Initials*	Cite No	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc), date, pages(s), volume-issue number(s), publisher, city and/or country where published.	T ⁵
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☐ See attached certification statement.

☐ Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.

☒ None

SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Signature	/Thomas M. Lundin/	Date (YYYY-MM-DD)	2006-07-06
Name/Print	Thomas M. Lundin	Registration Number	48979

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